

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

501362-020765  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED MAY 31 1962

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY *****		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Arnold	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1635 Washington Ave.		d. STREET ADDRESS (If outside, give location) R.R. #1	
3. NAME OF DECEASED (Type or print) First Eugene Middle Victor Last Moeser		4. DATE OF DEATH Month May Day 15 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-18-12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Cutter		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Ernest V. Moeser		14. NAME OF HUSBAND OR WIFE Lucille Burns Moeser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT 37 Lucille B. Moeser RR#1, Arnold, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) 420.1 DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from April 1 1961 to May 15 1962 and last saw her alive on May 1 1962 Death occurred at 1635 Washington Ave. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED May 6 1962	
22a. SIGNATURE (Degree or title) C. J. O'Connell M.D.		22b. ADDRESS 2732 - Sullivan	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) Kirkwood, Missouri	
23b. DATE 5-18-62		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24. FUNERAL DIRECTOR MITTELBERG, GERBER COLONIAL CHAPEL		25. DATE RECD. BY LOCAL REG. MAY 17 1962	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

2052048

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harvey Kahle*

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.